17 1 W	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE'LIVERY
 ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailplece, or on the front if space permits. 	A. Signature A. Signature Adjent Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
BLUE CROSS BLUE SHIELD of ALABAMA A. GREY TILL, JR.	
450 RIVERCHASE PKWY EAST BIRMINGHAM, AL 35244	3. Service Type C Certified Mall
2:06 cv 7/16-WKW	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from servic 700L 0100 0002 027L 5372	
PS Form 3811, February 2004 Domestic Retu	